



IOWA WESLEYAN COLLEGE
Dental Insurance Cost
Cost and Summary
 January ~ 2017

Rates		Monthly Premiums	
Single		\$26.75	
Two Person		\$49.74	
Family		\$75.95	
		In Network	Out of Network
Provider Network		PPO	Premier / None
Deductible			
Individual		\$50	\$75
Family		\$150	\$225
Annual Maximum			
Individual		\$1,500	\$1,000
Family			
Diagnostic & Preventative			
Exams		100%	80%
Cleanings		100%	80%
Flouride		100%	80%
Space Maintencers		100%	80%
X-Rays		100%	80%
Sealants		100%	80%
Basic Services			
Emergency Treatment for Pain		80%	70%
Filings, Stainless Crowns		80%	70%
Peridontics (Gum Disease)		80%	70%
Simple Extactions		80%	70%
Major Services			
Endodontics (Root Canal)		50%	40%
Peridontics (Gum Disease)		50%	40%
Bridges and Dentures		50%	40%
Repairs and Adjustments		80%	70%
Orthodontics		N/A	N/A